

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 23, 2025

[REDACTED], CEO
BIBLE FELLOWSHIP CHURCH HOMES INC
[REDACTED]

RE: FELLOWSHIP TERRACE
3010 FELLOWSHIP DRIVE
WHITEHALL, PA, 18052
LICENSE/COC#: 21648

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/27/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *FELLOWSHIP TERRACE* License #: *21648* License Expiration: *02/08/2026*
 Address: *3010 FELLOWSHIP DRIVE, WHITEHALL, PA 18052*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *BIBLE FELLOWSHIP CHURCH HOMES INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/02/2000* Issued By: *Dept. L&I*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *161* Waking Staff: *121*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *02/27/2025*

Inspection Dates and Department Representative

02/27/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *165* Residents Served: *135*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Courtyard* Capacity: *25* Residents Served: *24*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *135*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *25* Have Physical Disability: *1*

Inspections / Reviews

02/27/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/30/2025*

04/11/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/22/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/23/2025*

Inspections / Reviews *(continued)*

04/23/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:55 a.m. at the bottom of the ramp into the Villa area, there was a clip board that included resident names, room numbers, and weights. There was not a staff within sight of the clipboard.

Plan of Correction

Accept (█ - 04/11/2025)

In response to the violation on 02/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Administrator. The clipboard was removed by state surveyor and given to administrator. Staff was counseled verbally immediately on regulation 2600.17.

To enhance the currently compliant operations, beginning on 3/25/25 the Administrator/Administrator designee will educate all designated staff member on Regulation 2600.17 Record Confidentiality. This will include never leaving any confidential information that includes residents name, room number and private information available for others to read. See Attachment #4 for education provided, with a completion date of 04/22/2025.

Effective 02/27/2025 the Administrator will perform weekly checks through 08/27/2025 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/27/2025

Implemented (█ - 04/23/2025)

82a - Poisonous Materials

2. Requirements

2600.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At approximately 10:02 a.m. a spray bottle of blue liquid was noted in the medical supply closet in the Villa. The spray bottle did not have a manufacturer's label on it.

Plan of Correction

Accept (█ - 04/11/2025)

In response to the violation on 02/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Director of Environmental Services and the spray bottle of blue liquid was removed from medical supply closet in the Villa. Director of Environmental Services inspected all supply closets and housekeeping carts at that time.

82a - Poisonous Materials (continued)

To enhance the currently compliant operations, on 03/12/2025 the designated staff members (Director of Environmental Services and Environmental Services Supervisor) educated all Personal Care housekeeping employees on Regulation 2600.82 a on poisonous materials shall be stored in their original, labeled containers, See Attachment 1 page 1 of 3, with a completion date of 03/12/2025.

Effective 3/12/25 the Director of Environmental Services will perform weekly inspections through June 11, 2025 to maintain ongoing compliance with Regulation 2600.82.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. See attachment 2 for audit form.

Licensee's Proposed Overall Completion Date: 06/11/2025

Implemented (█) - 04/23/2025

91 - Telephone Numbers

3. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At approximately 10:00 a.m. 3 landline phones located in the Terrace, Villa East Hall and Courtyard kitchens did not have the emergency phone numbers posted on or near each phone.

Plan of Correction

Accept (█) - 04/11/2025

In response to the violation on 02/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2025 by the Administrator. The emergency phone card were immediately put on landline phones located in the Terrace, Villa East Hall and Courtyard.

To enhance the currently compliant operations the Administrator/Administrator designee put a emergency card in every resident room by the entrance door as well as their landlines. All contracted services were counseled on letting us know if emergency card is removed from phones and will be audited monthly by administrator/administrator designee. This preventative action will be completed by 3/28/25.

Effective 03/27/2025 the Administrator/Administrator designee will perform monthly inspections through 09/27/2025 to maintain ongoing compliance with the posting of emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline on or by each telephone with an outside line. This will be completed monthly for the next 6 months till 9/27/25. Any potential deficiencies will be corrected immediately and finding will be documented and reviewed internally for continuous improvement purposes. See Attachment # 5 for audit form.

Licensee's Proposed Overall Completion Date: 09/27/2025

Implemented (█) - 04/23/2025

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The Secured Dementia Care Unit had menus posted that were dated December 2024. The menus were not current.

Plan of Correction

Accept (█) - 04/11/2025)

In response to the violation on 02/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2025 by the Food Service General Manager with the menu dates that were posted in the pantry for the dietary employees to view and not accessible ever to the residents. We do a 6 week menu rotation that changes twice a year. The menu in the resident care area were correct. The Food Service General Manager immediately update the dates on the menus posted in the pantry on 2/27/25.

To enhance the currently compliant operations, on 02/27/25 the Food Service General Manager spoke to all the designated staff members about Regulation 2600.162.c. The counseling included making sure the proper date is on the menus posted in the pantry weekly. Menus stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home, This was completed on 2/27/25.

Effective 2/27/25 the General Manager Food Services/Administrator will perform weekly checks in the pantry that the menu posted has the proper date. To maintain ongoing compliance this will be done weekly through 4/27/25. Any potential deficiencies will be corrected immediately, and finding will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/27/2025

Implemented (█) - 04/23/2025)

226a - Mobility Assessment

5. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1's RASP dated █ does not include the use of the enabler bar or the specific need and intended use for the device, if there are any risks associated with the device, the ability to use the device safely for the intended purpose, the identification of the specific device or if the FDA requires the device to be covered.

Plan of Correction

Accept (█) - 04/11/2025)

In response to the violation on 02/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2025 by the Administrator. All licensed staff were counseled on Regulation 2600.226.a.

226a - Mobility Assessment (continued)

To enhance the currently compliant operations, on 03/24/2025 the Administrator/Administrator designee will audit all residents charts with enabler bars. The Administrator/Administrator designee will check that every resident with a enabler bar have a order and it will appear on the RASP mobility needs the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, Identification of the specific device to be used, and if a cover is used to meet FDA guidelines, with a completion date of 03/28/2025.

Effective 3/26/2025 the Administrator/Administrator designee will perform monthly audits through 09/26/2025 to maintain ongoing compliance to ensure each resident is assessed for mobility needs as part of the resident's assessment and a order is written and it is on the RASP when a resident requires a enabler bar. The RASP will include the use of the enabler bar or the specific need and intended use for the device, if there are any risks associated with the device, the ability to use the device safely for the intended purpose, the identification of the specific device or the FDA requires the device to be covered. This will be completed monthly till 9/26/25. Any potential deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement process.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented () - 04/23/2025

227a - Support Plan 30 Days

6. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted on [redacted] The initial Resident Assessment and Support Plan (RASP) was completed on [redacted], prior to the resident's admission to the facility

Plan of Correction

Accept () - 04/11/2025

In response to the violation on 02/27/2025 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/28/2025 by the Administrator. Resident #1 RASP was completed with incorrect date. This was a clerical error by the employee completing the form. Form should of been dated [redacted] but was mistakenly written as [redacted]. Employee completing RASP was immediately counseled on auditing for correct date.

To enhance the currently compliant operations, on 3/21/25 the Administrator will educate all employees completing RASPs on Regulation 2600.277.a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. This education was completed on 3/21/25. Please see Attachment #3 for education provided, with a completion date of 03/21/2025.

Effective 03/12/2025 the Administrator will perform weekly audits through 09/12/2025 to maintain ongoing compliance with Ensuring each resident requiring personal care services has a written support plan developed and implemented within 30 days of admission to the home, and the support plan is documented on the Department's support plan form. To maintain ongoing compliance with regulation 2600. 227.a. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous performance improvement.

227a - Support Plan 30 Days (continued)

Licensee's Proposed Overall Completion Date: 09/12/2025

Implemented () - 04/23/2025

227d - Support Plan Medical/Dental

7. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident # 2's RASP dated [REDACTED] notes the use of an enabler bar. The RASP does not reflect the specific need and intended use for the device, if there are any risks associated with the device, the ability to use the device safely for the intended purpose, the identification of the specific device or if the FDA requires the device to be covered.

Plan of Correction

Accept () - 04/11/2025

In response to the violation on 2/27/25 by the Pennsylvania Bureau of Human Service Licensing immediate action was taken on 2/28/25. The Administrator counseled all the licensed nurses doing RASPs on the requirements that need to be in the documentation for enabler bars.

To enhance our currently compliant operations, on 3/24/25 the Administrator/Administrator designee audited all resident records with enabler bars to ensure that the residents RASP reflect the specific need and intended use of the device, if there are any risks associated with the device, the ability to use the device safely for the intended purpose, the identification of the specific device or if the FDA requires the device to be covered. This will be completed by the administrator/administrator designee by 3/28/25.

Effective 3/26/25 the Administrator/Administrator designee will perform monthly checks on maintaining ongoing compliance through 9/26/25. All residents with enabler bars RASPs will reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used, and if a cover is required to meet FDA guidelines. Any potential deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented () - 04/23/2025